



Population Health Management Program

Notice of Privacy Practices from Evolent Health

MedStar Health, Inc., a Maryland not-for-profit corporation, has contracted with Evolent Health, Inc., a Delaware corporation to provide population health management services for MedStar and its affiliates' employees and eligible dependents that annually elect to receive coverage under the standard health plans. Services include wellness program tools and technology, delivered and operated through Evolent Health's license with UPMC Health Plan, including a web-based portal, health assessment, online lifestyle improvement programs, and interactive health education. Population health management services also include wellness services and support, care management services, program communication and health and welfare benefit consulting. Evolent Health additionally provides MedStar with health plan administration services for MedStar and its affiliates' employees and eligible dependents that annually elect to receive coverage under the MedStar Select Plan. Services provided under health plan administration include provider network access, provider networking management, quality assurance and process improvement, utilization review and management, covered member services and claims administration. Evolent Health manages all programs, captures the data and takes special precautions to ensure MedStar does not receive any individual protected health information (PHI).

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY.**

The Evolent Health Privacy Statement outlines our commitment to the rights of our prospective, current, and former members concerning the privacy of their protected health information. However, due to federal Privacy Rules that are part of the Health Insurance Portability and Accountability Act (HIPAA), there are now very strict requirements on how health insurers and providers involved in providing your health care handle your protected health information (PHI). One of the provisions of these federal rules is the requirement that you be provided with a detailed explanation of how your PHI is protected and the rights that you have concerning the privacy of your PHI. Evolent Health has prepared this Notice of Privacy Practices to fulfill the requirements of the federal rules. We are required by law to follow the terms of this notice. If we need to change any of the processes described in this notice, we will send you a revised Notice of Privacy Practices.

PHI is the term used in the federal rules to refer to any information—whether in oral, written, or electronic format—that is contained in files or records that a doctor, hospital, or health plan involved in your health care have that can link or identify that information as belonging to you. These "identifiers" include information such as your name, address, Social Security number, ID number, or other unique identifiers. For doctors and hospitals, your PHI is found in things such as medical records and clinical charts. For a health plan, such as the MedStar Select Plan, your PHI is found in records such as enrollment records, premium bills, and data concerning health assessments, biometric screenings, health outreach documentation, and care management program records. Your healthcare providers will also be providing you with the Notice of Privacy Practices that they have developed.

1. Use and disclosure of your PHI for treatment, payment, and healthcare operations

According to federal HIPAA law, your PHI can be used or disclosed by those people or companies that are subject to the HIPAA Privacy Rules only for three very specific purposes: treatment, payment, and healthcare operations. These are often referred to as "TPO". However, federal HIPAA law usually does not take precedence over state and other federal laws that provide individuals more stringent privacy

protections. When other state or federal law applies, those privacy laws might impose a privacy standard with which we will be required to comply. For example, where such state laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of your PHI if that PHI includes information on HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing and reproductive rights. Subject to those considerations, the following are ways that Evolent Health will use or disclose your PHI for the health promotion and health management program:

Treatment

While treatment primarily means the care and services provided to you by your doctors and hospitals, there are certain activities that Evolent Health performs for the health promotion and health management program that may also come under this definition. For example, we may use your PHI to give you or your physician—with your permission—information about alternative medical treatment and programs and about health-related products and services that you may be interested in, or that are part of a wellness program. We may also suggest that you participate in a special disease management program or wellness program that could help to improve your health.

Payment

The main payment activity that Evolent Health performs for the health promotion and health management program is billing your employer group for the administrative fee for the participation of its associates in this program.

Healthcare Operations

This is a term that refers to a wide range of activities that we need to do to administer our health promotion and health management program and to ascertain that we are providing you with quality health care. Examples of these operations include the following:

- We use your PHI to identify your needs and contact you concerning wellness education and health coaching.
- We also use your PHI to determine whether you are eligible for any of the wellness programs and care management programs that Evolent Health has established. Examples of these programs include, but are not limited to, smoking cessation, weight management, physical activity, and stress management, as well as programs for asthma, diabetes, cardiovascular disease, and other types of medical conditions.

Please remember that Evolent Health uses your PHI only for the activities involved in treatment, payment, and operations. Furthermore, when we use your PHI, we take all appropriate measures to use only the minimum necessary for the job at hand.

Disclosure is different than use. To “disclose” your information means that we share it with someone outside of our company. We disclose your PHI only for treatment, payment, or operations, either:

- With others who are subject to these Privacy Rules who are also involved in your health care
- Or with those vendors, agents, or subcontractors with whom we have contracted to assist us in providing your healthcare services.

Evolent Health takes special precautions to ensure your employer does not get any individual PHI. We provide employers only with the information allowed under federal law, such as data about their group. This includes information concerning level/percentage of overall participation in the program, and summary information of the programs that are of most interest to their membership.

If an activity is combined with a reward or incentive for participation in this wellness program (such as a gift card), we will provide your employer with a list of members who have completed the required assessments so that the reward can be distributed. However, no PHI from any part of the wellness

program will be provided to MedStar Health. Additionally, while we are always able to discuss your PHI with you, if you have someone else in your family contact Evolent Health to ask about your wellness benefits, we must get your approval prior to being able to talk to that person. The federal regulations allow you to designate a personal representative to act on your behalf. We have no way of knowing if the person who has contacted us has your permission to discuss your PHI unless you confirm that to us. Evolent Health has developed a Personal Representative Designation Form for this purpose.

2. Uses and disclosures of your PHI that do not require your written authorization

The federal rules also state that there are certain activities beyond treatment, payment, and healthcare operations that do not require your authorization for the use or disclosure of your PHI. These activities, and examples of what they involve, are as follows:

- When required by law: For example, if any federal or state agency, such as the Department of Health & Human Services, ask for records or documentation to show our compliance with the requirements of the HIPAA regulations, we may use or disclose files containing your PHI.
- For public health reasons: For example, if a county health department were to contact us about statistics concerning a chronic disease, such as diabetes, we would share information that could include data concerning the PHI of any of our members who have diabetes.
- In cases of abuse or neglect: For example, if a government agency or social services agency contacted us concerning a case of domestic violence and asked us for records or information, we would comply with the request.
- For health oversight activities: For example, if the Department of Health or the Insurance Department were to perform an audit, an accreditation survey, or a compliance examination of Evolent Health, the examiners might review files containing some of your PHI.
- Legal proceedings: For example, if we were served a subpoena or a court order, we would provide whatever information was required.
- Law enforcement: For example, if a law enforcement officer were to require information needed for purposes of identifying a missing person or material witness, we would provide the information requested.
- Coroners and funeral directors: We would share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or make any disclosure as authorized by law. We may also share information with a funeral director as necessary for any burial purposes.
- For purposes of organ donation: If an organization involved in organ procurement or transplantation needed information concerning a members' decision to donate an organ or to undergo a transplant, we would provide information to facilitate our members' wishes.
- Research: If a medical researcher wished to use PHI maintained by Evolent Health, our Medical Directors and Quality Improvement Committee would review the research project:
 - To ensure that the researcher would not further disclose the information
 - To verify that summary information could not be used insteadHowever, if the research project were a clinical trial or treatment program that required your active participation, we would contact you and request your authorization prior to disclosing any information to the researcher.
- To avert serious threat to health or safety: If there were some emergency and any of the PHI that we have in our files could be used to either prevent or lessen the seriousness of the emergency, we would use the PHI to do so.
- For specific government requirements or emergencies, such as national security and intelligence activities: In the event that federal or state agencies informed Evolent Health of a need to access PHI during a time of national crisis or for protective services for the President and others, we would comply with their need.
- Workers' compensation: We may need to report information concerning records that we have that are relevant to any job-related injuries that by state law are considered to be involved in workers' compensation coverage.

Any and all other uses or disclosures of your PHI other than described above require your prior written authorization. Evolent Health will honor the specific requirements of your authorizations, including any revocation of an authorization that you have previously given us. We have developed a Member Authorization Form that can be obtained by contacting the Health and Wellness Service Line on the back of your ID card. All completed authorization forms must be submitted back to the Member Services Department. If we need to obtain your authorization for any use or disclosure beyond those needed for treatment, payment, or operations, we will contact you to request your written authorization.

3. Your individual rights

All of the rights and responsibilities that are outlined in this document are with respect to Evolent Health specifically. Any healthcare provider that a member seeks care from will have its own Notice of Privacy Practices that you are entitled to review and receive.

The HIPAA Privacy Regulations give you several important rights that all healthcare providers and health plans involved in your health care must honor. These rights—and the processes to exercise these rights—are as follows:

To request restrictions on certain uses and disclosures of your PHI:

- According to federal regulations, you can request that we restrict how we use and disclose your PHI for treatment, payment, or healthcare operations, as defined in the federal HIPAA regulations. Please refer to section one of this notice.
- Federal regulations do not allow us to agree to any restriction for use or disclosure required for any emergency treatment that you might need, nor any of the disclosures established by the federal regulations as not requiring your authorization. Please refer to section two of this notice for further information concerning these types of disclosures.
- We have prepared a form that you can complete and submit to request restriction. The Member Services Department can provide you with this form.
- Once you have completed this form, if we have any questions about the information you provided, we will contact you at the phone number indicated on the form to review the information with you.
- Please note if we need to use or disclose your PHI for any purposes beyond treatment, payment, and operations with any other provider or organization covered under HIPAA regulations, we will contact you and request your authorization to do so. You do not need to complete this request form as additional protection against unauthorized disclosures.
- We will respond to your request for restriction of use and disclosure of your PHI in writing.
- Federal regulations do not require us to agree with your request for restriction. If we are unable to agree to your request for restriction, our response will contain the reasons for which we cannot agree to the restriction request.
- If we agree to the restriction and then need to terminate this agreement, we will contact you in writing again to explain the reason for the termination of the previous agreement.

To request confidential communications of your PHI:

- You have the right to request that we communicate with you concerning your PHI in an alternate mode of communication or to an alternate address.
- We will accommodate any reasonable request for alternate mode of communication or alternate address.
- We cannot, however, agree to electronic mailing of an ID card at this time.
- Please remember that electronic communications are, by their nature, not encrypted or completely secure. We will not be responsible for disclosures caused by member request to provide confidential communication to invalid fax numbers or incorrect email addresses.
- We have prepared a form that you can complete and submit to request confidential communications. The Member Services Department can provide you with this form.
- Once you have completed this form, if we have any questions about the information you provided, we will contact you at the phone number indicated on the form to review the information with you.

- If we have any concerns that your request (in part or all) could endanger your well-being and/or the effectiveness of our arrangement for the provision of your health care, we will contact you to let you know of our concerns.
- If, in our review of your request, we are unable to accommodate your request, we will contact you in writing.

To have access to and obtain a copy of your PHI:

- You have a right to have access to your PHI that we have in our files. However, please remember that we do not collect or maintain any medical records or hospital charts. We can only provide you access to the PHI that we have in our records. The PHI that we have consists mainly of the information from the claims that your healthcare providers have submitted to us, as well as enrollment information and the files for Member Services logs, utilization review files, or files for any complaints or grievances that you have filed with us.
- Federal regulations have established three exceptions to the type of information to which you can have access. These exclusions concern psychotherapy notes, information compiled for use in a civil, criminal, or administrative proceeding, and health information that is covered by certain federal laws concerning clinical laboratories.
- According to federal regulations, we must act on your request no later than 30 days after the receipt of this request form.
- We have prepared a form that you can complete and submit to request access to your PHI. The Member Services Department can provide you with this form.
- Once you have completed this form, if we have any questions about the information you provided, we will contact you at the phone number indicated on the form to review the information with you.
- If, in our review of your request for access, we are unable to provide you the access requested, we will contact you in writing and explain the reason for the denial of the access you requested and the process to appeal this denial, if the grounds for denial are reviewable.
- Federal regulations allow us to charge you for the cost of copying the materials and the postage involved in shipment.

To request an amendment of your PHI:

- According to federal regulations, you have the right to request an amendment of the PHI that we have in our files.
- We must act on your request for amendment no later than 60 days after the receipt of the completed request form.
- Please remember that the federal regulations do not require us to agree to the amendment that you have requested.
- We have prepared a form that you can complete and submit to request amendment to your PHI. The Member Services Department can provide you with this form.
- Once you have completed this form, if we have any questions about the information you provided, we will contact you at the phone number indicated on the form to review the information with you.
- If, for some reason, there is a delay in our ability to make a decision concerning your request to amend your PHI, we will notify you in writing and let you know the reason for the delay and the date by which we will be able to provide you with our decision.
- If, in our review of your request to amend your PHI, we are unable to agree to the amendment you have requested, we will contact you in writing.
- We will explain the reason for the denial of the request for amendment and the process for you to submit a "Statement of Disagreement" with our denial of your request to amend. You are not required to submit this statement, but it is an option that you have.
- In the event that you submit such a statement, federal regulations allow us to prepare a written rebuttal to your statement. We will provide you with a written copy of any such rebuttal statement.
- Federal regulations also require that any Statement of Disagreement and Rebuttal for any denied request to amend PHI be appended or otherwise linked to the PHI in question.

To request an accounting of disclosures of your PHI:

- According to federal regulations, you have the right to receive an accounting of certain disclosures of your protected health information.
- The accounting will not include disclosures that were made:
 - a. For purposes of treatment, payment or health care operations
 - b. To you
 - c. Pursuant to your authorization
 - d. To your friends or family in your presence or because of an emergency
 - e. For national security purposes
 - f. Incidental to otherwise permissible disclosures
- Your request for an accounting from us must be submitted in writing to the person listed below.
- You may request an accounting of disclosures made within the last six years.
- You may request one accounting free of charge within a 12 month period.

This Notice of Privacy Practices is being provided to all program members on paper—but is also available electronically on your program's website (www.MedStarMyHealth.org). For those accessing this notice electronically, you also have the right to obtain a paper copy of this notice and can do so by calling the Health and Wellness Service Line on the back of your ID card and requesting that it be mailed to you.

4. Evolent Health duties

- We are required by law to maintain the privacy of your PHI and to provide you with this notice of our company's privacy practices with respect to the PHI of all our members.
- We are required by law to abide by the terms of the notice currently in effect.
- We reserve the right to change the terms of our Notice of Privacy Practices. If we need to make any changes to the policies and procedures that we have described in this notice, we will mail you a revised notice that replaces this one and make it available on the program's website, www.MedStarMyHealth.org. The revised notice will have a new effective date.

5. Privacy complaints

If you feel that your privacy rights—as explained in this notice—have been violated, you may complain to Evolent Health. You also may submit a written complaint to the U.S. Secretary of Health and Human Services. We will provide you with the contact information for the Secretary upon request. In order to file a complaint with Evolent Health, please contact either the Health and Wellness Service Line at the number on the back of your ID card, or you may contact Evolent Health's privacy officer. Please remember that we will not take any action against you for filing a complaint. This is one of your rights. If our investigation of your complaint confirms that there has been a breach of your privacy through the actions of one of our employees or contractors, we will do our best to undo or lessen any harmful effects. We will take disciplinary action against the employee or contractor who has caused the violation.

6. Privacy contact

If you have any questions concerning this Notice or wish to file a complaint directly with Evolent Health, you may write or call as follows:

Evolent Health Privacy Officer
 800 N. Glebe Road, 5th Floor
 Arlington, VA 22203
 Telephone: 571-389-6000

7. Effective date

This notice is effective as of October 1, 2012.